LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2640-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

SEPTEMBER 17, 1988 — THIS PERMIT EXPIRES

RYAN RENZ — ISSUED TO

6128 N.W. 6 STREET LINCOLN, NE 68521 — ADDRESS

T9N; R5E; Sec 26; Bk 1; Lot 2; Winsor Ridge West — LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE NEW CONSTRUCTION

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 60.00	$	$	$ 60.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
	110.16	148.14	6-2

RECEIPTED BY	DATE	AMOUNT
MC	5.16.88	

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH
ISSUING OFFICER

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO. 2832

20109-0977

FORM 20103-0477
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

A

FILING FEE: $ 60.00

FILE NO. 2640-C

DATE: 3-14-88

The undersigned hereby requests SITE CLEARANCE and PERMIT to construct an Individual Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

1. Legal description of property: Twp. 9N ; Range 5E ; Section 26 ; Block 1 : Lot 2 : Addition Winsor Ridge West
   Street Address 6.5 acres

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3 . Describe

3. Type of Individual Sewage Disposal System: Septic Tank ☐ ; Other ☐

4. Distance to public sewer: _____ ft.

Mr. & Mrs. Ryan Renz
Signature of Applicant (Owner or Lessee)

6128 NW 6th
Address Emerald, Ne 68521

(Do not write below this double line)

1. Health Department: Date Rec'd. 3/17/88. Date Frwd. 3/17/88. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 3-17-88. Date Frwd. 5-24-88. ACTION: Approved ☒ Disapproved ☐ Signature: Paul Baumert

3. City or County Engineer: Date Rec'd. _____. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: Jim Blazek

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 6/20/89 by: J. C. Hood
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 7/20/89 By: Jerrold C. Hood

White: Health Dept. Copy
Yellow: Engineers Copy
Pink: Bldg. Inspector's Copy

FORM 23-43

FORM 20105-0477
SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150 and County Resolution No. 2832)

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

B

FILE NO. 2640-C

PROPERTY WHERE SOIL TESTED:

Location: Township 9N ; Range 5E ; Section & ¼ Section 26 .
Property Dimensions: _____ ft. x _____ ft. Area: 6.5 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☒ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 3-10-86 to 3-11-86 . Weather: Precip. NO Temp. 40 .

OWNER: Mr & Mrs Ryan Berg
Address: 6128 NW 6th 68521

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
		Pre-Saturation Period				Percolation Readings						Results	
		Start		End		Start			End				
Hold No.	Hole Depth (in.)	Date (Mo./ Day)	Time (Hr./ Min.)	Date (Mo./ Day)	Time (Hr./ Min.)	Date (Mo./ Day)	Time (Hr./ Min.)	Water Level (in.)	Time (Hr./ Day)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./in.)
1	24"	3-10	10-2	3-11	1PM	3-11	1PM	6	1 21	5"	21 min	1	21 min
2	"	"	"	"	"	"	1	6	"	5	"	1	"
3	"	"	"	"	"	"	1	6	"	5	"	1	"
4	"	"	"	"	"	"	1	6	"	5	"	1	"
5	"	"	"	"	"	"	1	6	"	5	"	1	"
6	"	"	"	"	"	"	1	6	"	5	"	1	"

Sum of Percolation Rates: _____
Average of Rates: _____
Mean of Rates: _____

Signature of Person Conducting Test
Address 6710 No 7 Phone 435-8868

(Do not write below this line)

REVIEWING ACTION

Remarks: awfully uniform results
Soil Type (SCS): Dickenson Sandy Loam
Date: MARCH 17, 1988

Approved Percolation Rate (a)
A. 21 min./inch
B. _____ min./inch
C. _____ min./inch

Signature of Reviewing Official

FORM 20102-0477
PRELIMINARY PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☑

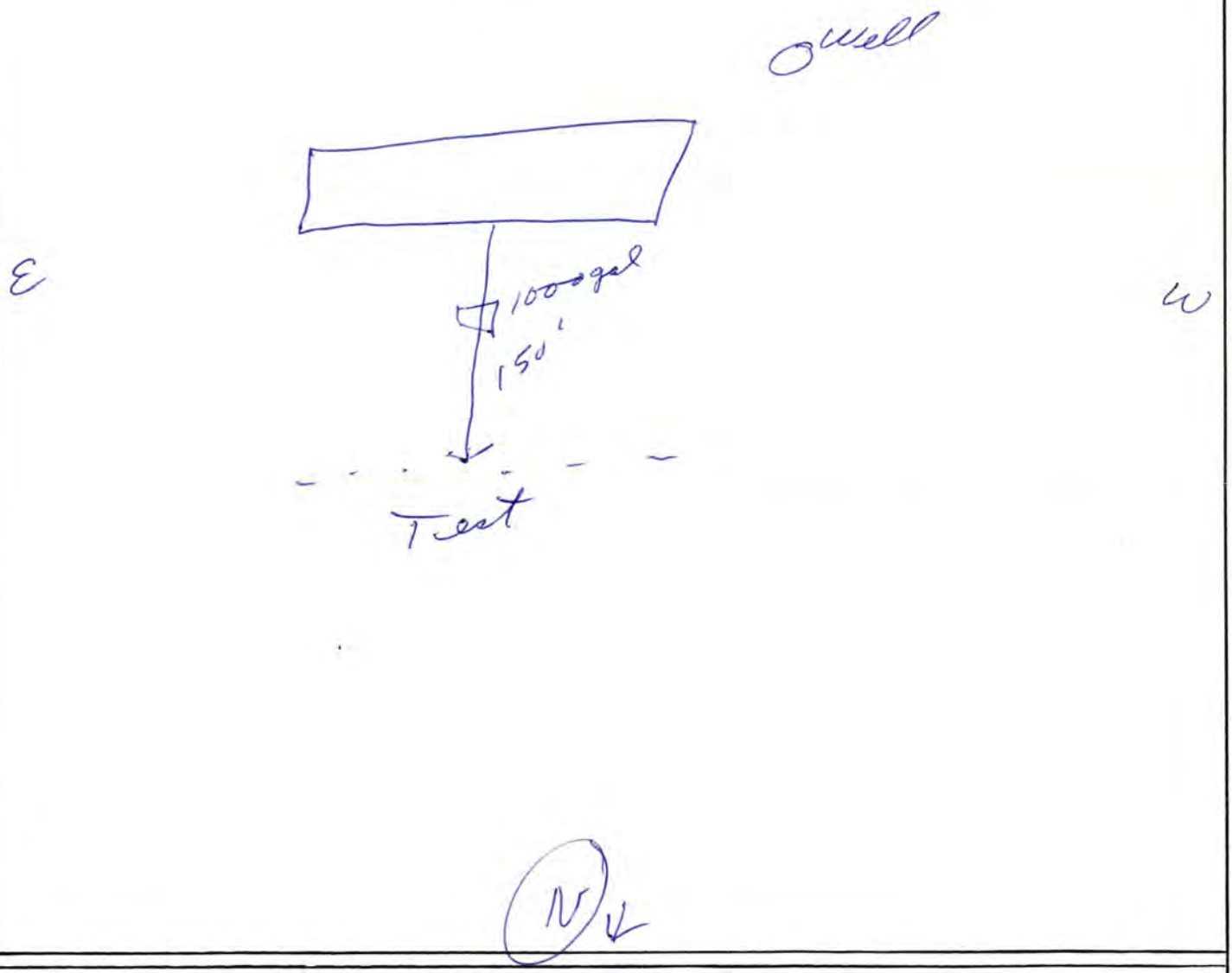
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

C

Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.

FILE NO. 2640-0

Indicate on sketch if residence and well are exisiting or proposed.



REVIEWING ACTION

Remarks: _____

Date: MARCH 17, 1988

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals _____ ft.
3. With a Trench Width of _____ in.
4. Total Area of Lateral needed 641 sq.ft.

Jerrold C. Hood
Signature of Reviewing Official

FORM 20104-0477
PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

RECEIVED MAR 17 1988

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

D

DATE: 3-11-88

FILE NO. 2640-C

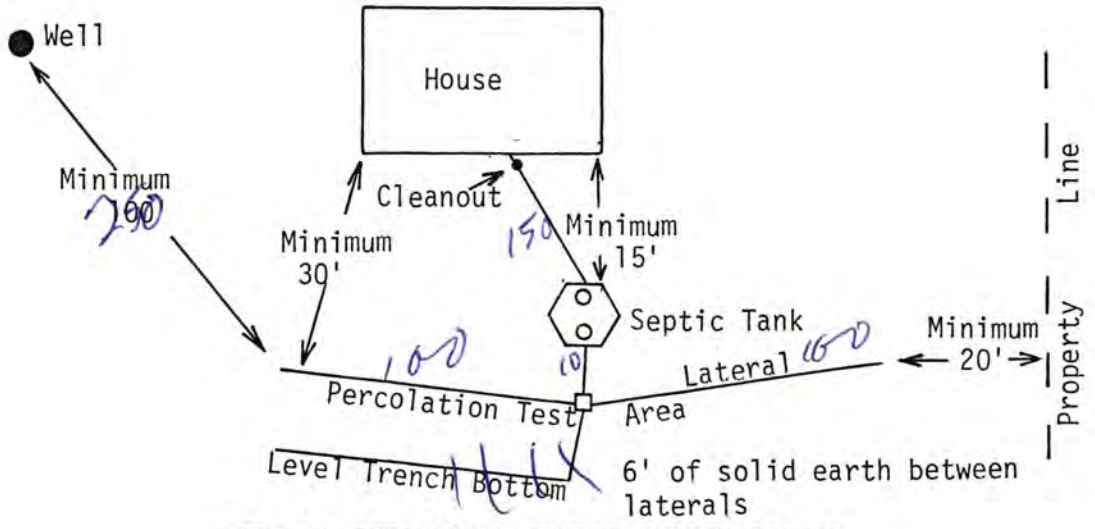
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material Pla ; Diameter 4 in.
2. Distance above basement floor ____ in., or below basement floor 8 in.
3. Distance between dwelling and septic tank ? ft.
4. Number of clean-outs ?.
5. Distances to:
Well or Suction Line 100 ft.;
Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.

B. SEPTIC TANK:
1. Material ? ; No. of compartments 1.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐
(Company ____)
4. Manholes: Over Inlet; diam. ? in.
Over Outlet; diam. ? in.
Riser Above ☐ Below ☐ Grade ____ in.
5. Inlet: Baffle ☐ ; or Tee ☐ ?
6. Outlet: Baffle ☐ ; or Tee ☐
7. Depth of top of tank below finished grade at grade in.
8. Distances to:
Well or Suction Line over 100 ft.;
Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.

C. DISTRIBUTION BOX:
1. Material Pla ; Number - available outlets 7.
2. Factory Built: Yes ☒ No ☐
(Company ____)
3. Distance from Septic Tank 10 ft.

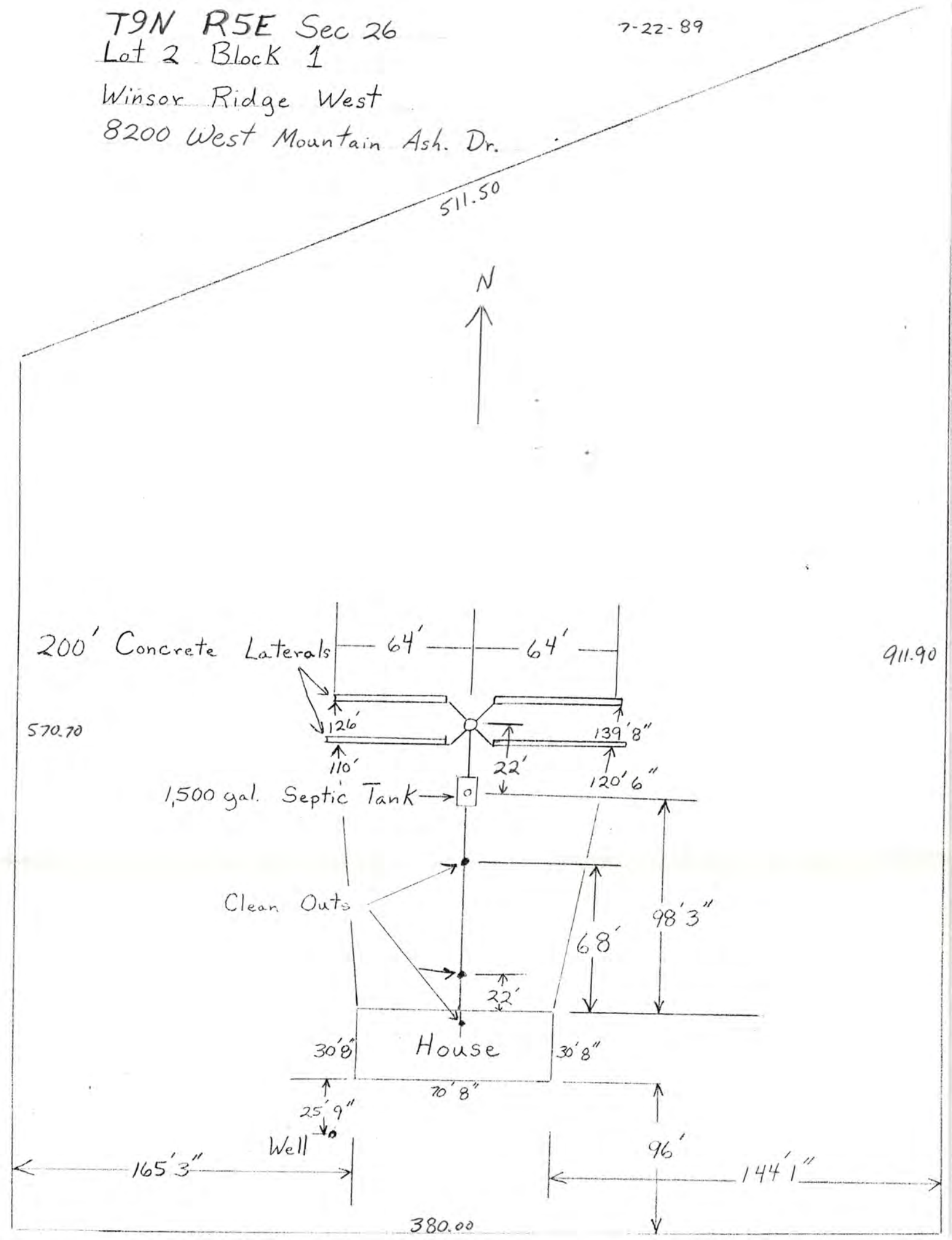
D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☐ Perforated Pipe ☒
Diameter of Half Round ____ or
Perforated Pipe 4" .
Material: fiberglass ☐ ; plastic ☒ ;
concrete ☐ ; other ____.
2. Lateral Lines:
Number 2 ; Length of each line 100, 100, ____, ____, ____ ft.;
Total length of laterals 200 ft.;
Distance between lateral lines 6' ft.
3. Trench dimensions: Width 36" ft.;
Slope 3 in/100 ft.; Average Depth 24 in.
4. Filter Material: Road gravel
Depth of Material 12" in.
5. Distances to:
Well or Suction Line ____ ft.;
Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

T9N R5E Sec 26
Lot 2 Block 1
Winsor Ridge West
8200 West Mountain Ash. Dr.

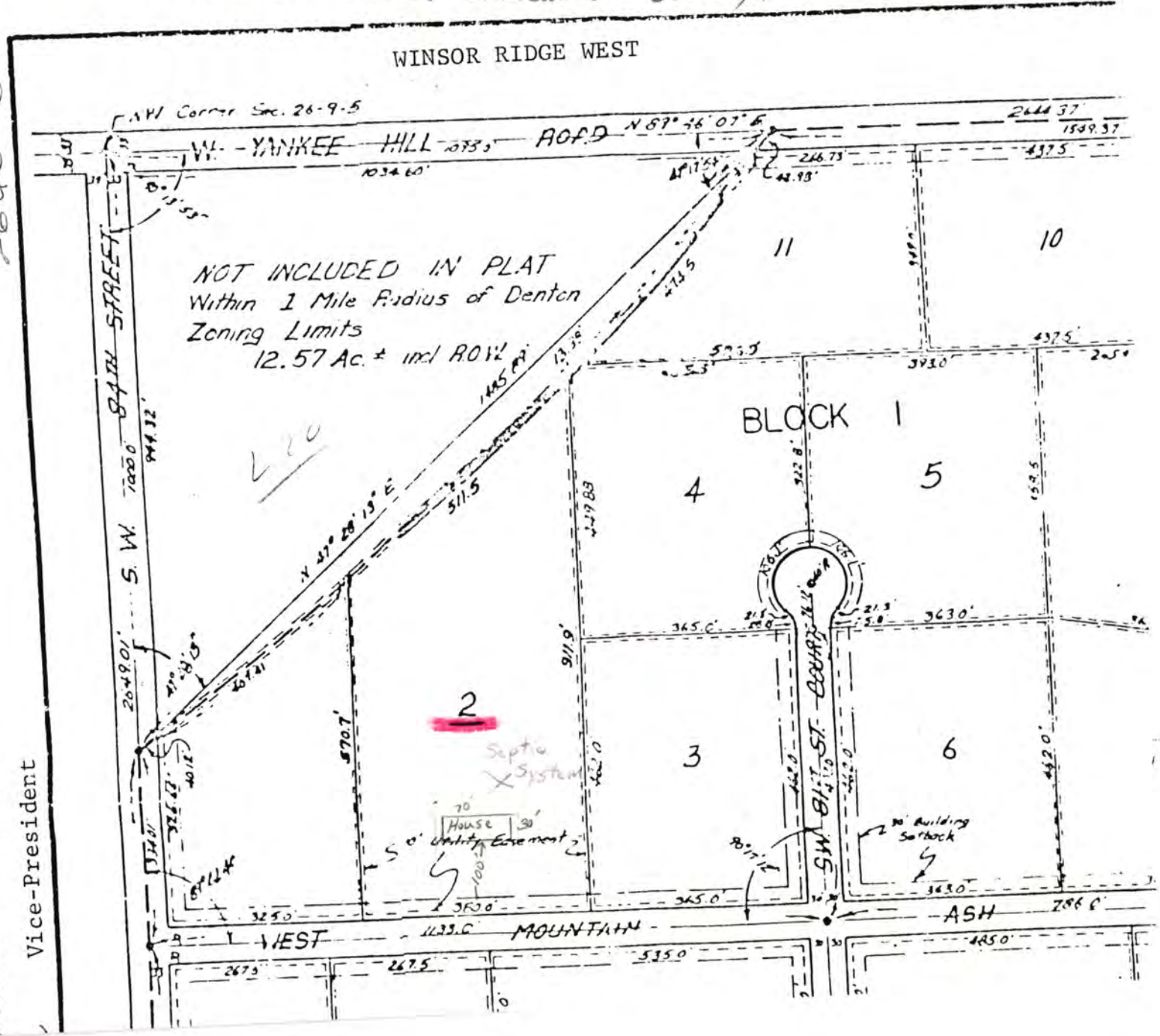
7-22-89



Ryan D. Wanda M. Renz 6.5 Acres 8300 West Mountain Ash Road

Lot 2, Block 1, Winsor Ridge West, Located Upon the Northwest Quarter of Section 26 Township 9 Range 5 East of the 6th P.M. Lancaster County, Nebraska

2640-C



Registered Abstracters

Vice-President

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St. Marys Avenue Phone (402) 471-7800 Lincoln, Nebraska 68502

REAL ESTATE TRANSFER / LOAN APPROVAL

This form must be completed and returned to request a real estate transfer inspection.

MAKE CHECKS PAYABLE TO: Lincoln-Lancaster County Health Department.

10-31

☒ Evaluation of the Individual Water System Date: ~~9-25~~ 84

☒ Evaluation of the Sewage Disposal System ☒ Enclosed is $75.00

Legal Description of Property: TWP. 10N; RANGE 7E; SECTION 25; BLOCK 1

LOT 2; ADDITION Winsor Ridge West; Street Address 8200 West Mountain Ash Dr.

Directions to Property Corner of SW 84th and West Mountain Ash Dr. ½ mi. So. East side of the Road

Location of Well SW Corner of House Tap Location: Inside ☒ Outside ☒

Location of Sewage System North of House Year Installed _____

	NAME	ADDRESS	PHONE
Present Owner:	Ryan and Wanda Renz	8200 west Mountain Ash Dr	797-7870
Tenant/Buyer:		RT 1 Box 88AB Denton Nebr	68339
Return to:		(½ mi south of SW 84th and W. Yankee Hill Rd)	

NOTE: Allow two weeks for processing. Incomplete information will delay processing.

Signature of Applicant Ryan Renz Address RT. 1 Box 88AB Denton Nebr 68339

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HEALTH DEPARTMENT USE ONLY

Date Received NOVEMBER 1 1984 Received $75.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE NOVEMBER 1 1984

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☒	Date 11-2-84 by ____
Bacteria	☒	☐	Provisional:	☐	Date _____ by ____
Nitrate	☒	☐	Disapproved:	☐	Date _____ by ____

Comments: _____

_____

_____ See Attached Letter ☐

FINAL STATUS

WATER SYSTEM:	SEWAGE DISPOSAL SYSTEM:	
Approved: ☒	Approved: ☒	Provisional Approval: ☐

APPROVED BY _____ DATE NOVEMBER 1 1984

Approval or disapproval is based on written standards for construction, location and water quality. Inspection is based on visible construction and operation at the time of inspection. Approval or provisional approval does not imply or express a guarantee of system operation. WELLS - Nebraska Safe Drinking Water Act,
- Standards for A Private Well in Nebraska

FG.4120 INDIVIDUAL SEWAGE SYSTEMS - County Resolution #2832

BIOLOGICAL EXAMINATION OF DRINKING WATER

NEW WELL

SAMPLE TO BE COLLECTED AND MAILED ON:

MO. ____ (2-3) WK. ____ (4) DAY ____ (5) SAMP/DAY ____ (6-7)

ACCOUNT NO. ____ (16-22) ADD. TESTS 2 (23) 1. FL 2. N 3. BOTH 4. TPC

DATE COLL. 11/2/89 12:09 pm (MO/DAY/YR/HOUR (9-16)) BY J. C. Wood (17-28)

ADDRESS OR LOCATION SEC. 26, T9N, R5E (29-41)
BLK 1, LOT 2, WINSOR RIDGE WEST

NAME AND ADDRESS OF OWNER
RYAN RENZ
RT. #1, BOX 88AB
DENTON, NEBRASKA

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FOR LABORATORY USE ONLY

SPECIAL REQUEST: COUNTY (42)
0. NONE 1. CHECK 2. REPLACEMENT

SAMPLE CONDITION: ____ (43)
1. GOOD 2. DAMAGED 3. INSUFFICIENT 4. OLD 5. RETURNED UNUSED

LABORATORY NO. 6 (44-47)

DATE EXAMINED 11-2-89 (48-53)

COLIFORM 0 (54-56) /100 mL.

FLUORIDE ____ (57-60) mg/LITER

NITRATE < 0.1 STATE TEST (61-64) mg/LITER

TPC ____ (65-68) /100 mL.

LAB. PROCEDURE ____ (69-75)

ANALIZED BY JF (76-79)

IN 11-2-89 345

OUT 11-3-89 330 pm

'89 NOV -3 P3:22

'89 NOV -2 P3:10

REP '89
REC.

WATER CHEMISTRY

STATE LAB NO. 15 10193

COMPLETE INFORMATION BELOW:

DATE COLLECTED 10 (Mo.) 2 (Day) 89 (Yr) 12:09 AM (Hour)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION RYAN RENZ

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QUARTER NW SECTION 26 TOWNSHIP 9 N RANGE 5 E

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

REC.

PLEASE PRINT COMPLETE ADDRESS

THIS LAB REPORT IS TO BE MAILED TO:

LINCOLN-LANCASTER COUNTY
ENVIRONMENTAL HEALTH
2200 ST. MARY'S AVENUE
LINCOLN, NEBRASKA 68502

STATE OF NEBRASKA DEPARTMENT OF HEALTH LABORATORIES
3701 SOUTH 14TH, LINCOLN, NE 68502

CHECK TESTS REQUESTED

- ☐ ALL TESTS BELOW
- ☐ pH _____
- ☐ CALCIUM _____ mg/l
- ☐ MANGANESE _____ mg/l
- ☐ CHLORIDE _____ mg/l
- ☒ NITRATE-N 0.1 mg/l (was Hand)
- ☐ FLUORIDE _____ mg/l
- ☐ SODIUM _____ mg/l
- ☐ IRON _____ mg/l
- ☐ SULFATE _____ mg/l
- ☐ TOTAL ALKALINITY _____ mg/l as $CaCO_3$
- ☐ TOTAL HARDNESS _____ mg/l as $CaCO_3$
- ☐ TOTAL DISSOLVED SOLIDS BY CONDUCTANCE _____ mg/l

NOT TESTED BECAUSE OF:

- ☐ DAMAGE
- ☐ INSUFFICIENT AMOUNT
- ☐ IMPROPER CONTAINER

☐ NITRATE AND BACTERIOLOGICAL PURITY COMBINATION TEST

TEST(S) BY: SW

FOR ACCOUNTING USE ONLY

LRWC 85